Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Hayden's Park Way
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 April 2023
Centre ID:	OSV-0005602
Fieldwork ID:	MON-0039073

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Hayden's Park Way is a designated centre operated by Peter Bradley Foundation Company Limited by Guarantee. The centre is a four bed residential neuro-rehabilitation service located in Co. Dublin. All residents are over the age of 18 years of age and the maximum number of people that can be accommodated is four. Hayden's Park Way is in a location with access to local shops, transport and amenities. The centre provides single occupancy bedrooms, bathrooms, sitting room, kitchen and garden space is provided for the residents. The service is managed by a person in charge and a team leader. There is a team of Neuro Rehabilitation Assistants to support residents according to their individual needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 April 2023	09:45hrs to 14:10hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector had the opportunity to meet with some of the residents on the day of inspection. Some of the residents chose to speak to the inspector in more detail regarding their experiences of living in the designated centre. The inspector wore a face mask and maintained social distancing as much as possible during interactions with residents and staff.

The inspector was greeted by a staff member on arrival who informed them that the person in charge and service manager were on leave. The staff contacted the team leader who attended the centre for the inspection. It took some time for the staff to make contact with the service manager who was covering for the centre on the day. Staff were not informed regarding the oversight arrangements for the centre at the provider level during the absence of the service manager.

The inspector saw that some staff were wearing face masks while others were not. The inspector was told that staff had been allowed to wear face masks as per their personal preference for several months. This was not in line with public health guidance. The inspector also did not see staff regularly engaging in good hand hygiene practices throughout the course of the inspection.

There were wall-mounted hand sanitisers throughout the house however these were empty. Bottles of hand sanitiser were available however these were not at convenient locations to support effective IPC practices. For example, there was no hand sanitiser in the kitchen or outside resident bedrooms where there was a known risk of transmission of infection.

The premises was seen to be quite worn in places and in need of maintenance. The armchairs and sofa in the sitting room were covered in fleece throws. The fabric was seen to be dirty, in particular along the base of the armchairs and sofa where they were close to the floor. Doors in the sitting room were also dirty and the paintwork had chipped away at the base of the door which made them difficult to clean.

The premises required painting throughout. In particular, the banisters was worn and could not be effectively cleaned. The inspector saw that the pedal bins in the kitchen were ineffective as the pedals were broken.

The bathrooms also presented risks to IPC. The inspector saw that residents had shared bathmats. The bathroom was not maintained in hygienic manner. For example, there was a significant accumulation of dust on top of the hand towel dispenser, which was empty, the wall and radiator beside the toilet were also dirty. In addition, the inspector observed several denture disinfectant tablets on a ledge above the toilet in the bathroom and not contained in a receptacle which meant

there was a risk of infection particles contaminating the denture tablets due to where they were placed.

A sign on the downstairs toilet door indicated it was a staff toilet. A keypad lock had been installed on the door to the toilet. As the keypad and signage on the door indicated the toilet facility was not for the use of residents and they could not access it due to the keypad lock, this constituted a potential restrictive practice however, this had not been identified as such by the provider and therefore had not been reviewed. Furthermore, the toilet facility on the floor plans for the centre did not identify it was a staff only toilet.

The landing of the centre contained two large cabinets which were seen to store residents' files and other documents. This did not contribute to a homely environment.

While all sinks had soap, there was infrequent availability of suitable hand towels to effectively promote good hand hygiene. The inspector was told that there were issues with drains becoming blocked with disposable hand towels and so these were not available at sinks. However, there were no other arrangements in place to ensure that staff and residents could dry their hands in a clean and sanitary manner.

The inspector saw that the drain outside the kitchen was blocked. The inspector also saw that there was a garden tap which was infrequently used. There was no system for flushing seldom-used water outlets in place in the house.

The back garden was nicely landscaped. It had a shed and a large outdoor wooden structure for residents' use. The inspector saw that personal protective equipment (PPE) was stored in the small shed in a manner which made it difficult to complete a stock take and to ensure that it was kept clean and safe for use.

The utility room had adequate arrangements for the storage of clean and dirty mops. Mops were colour coded and stored separately. There was also availability of alginate bags. However, staff spoken with were inconsistent in their knowledge of how and when alginate bags should be used.

Each resident had their own bedroom which was furnished and decorated in line with their personal preferences. Some resident bedrooms required enhanced cleaning and maintenance. The inspector was not assured that there was adequate oversight of the cleaning of residents' bedrooms in line with their assessed needs. One bedroom also had no blinds, although curtains were provided. Other bedrooms were fitted with blinds which enhanced resident privacy arrangements. It was not clear why one bedrooms did not have blinds provided.

Some residents had already left the centre when the inspector arrived. They had attended appointments or had accessed their preferred educational or social opportunities for the day. The inspector was informed that residents were supported to be as independent as possible and accessed various activities including day services, men's sheds, employment and their local community.

Overall, the inspector saw that there were several IPC risks in the centre and that

comprehensive enhancements were required to the management of IPC in the centre to ensure good infection control practices were in place to protect residents from transmission of infection.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found that a review was required of the governance and management arrangements to mitigate against the risk of residents acquiring a healthcare associated infection. In particular, enhancement was required to the local operating procedures for the management of healthcare associated risks in the designated centre.

Staff were uninformed regarding the provider's oversight arrangements for IPC. Overall, the inspector found there was a lack of a clear reporting structure in order for staff to escalate IPC risks or to seek clarity on IPC. Staff did not have adequate knowledge and training in the provider's IPC policy and procedures and could not describe the content of the IPC policy to the inspector.

Overall, it was not demonstrated that the provider's infection control policy and associated procedures were informing daily practice in the designated centre. The inspector reviewed the minutes of a sample of staff meetings and saw that IPC was not generally discussed. The inspector reviewed the IPC policy and saw that it had been updated with the most recent public health guidance in recent months. However, it was not evidenced that this had been communicated to staff.

Staff were also unclear as to who the provider's IPC lead was. The inspector was told that staff contacted the person in charge or the service manager if they had any IPC queries and sought guidance from them if required. Staff regularly referenced using common sense or operating as per their personal preferences rather than seeking guidance from the provider.

There was a lack of consistent knowledge among staff regarding the current public health guidance. The inspector was informed that practices regarding mask wearing had been outside of public health guidance for some time, with several staff reporting that it had been their personal preference as to whether or not they should wear a mask since before Christmas 2022. While many of the residents did not require support with intimate care, staff did provide support to residents with meal preparation, laundry and transportation. Mask wearing would have been required with these tasks of daily living in line with public health guidance in recent

months.

The inspector also found that staff did not have adequate knowledge regarding standard and transmission-based precautions. The inspector spoke to several staff over the course of the inspection and found that there were inconsistent descriptions of their roles and responsibilities in preventing transmission of infection.

There was inadequate local guidance available to staff to support them in managing IPC risks. The centre's outbreak management plan was out of date and was insufficiently detailed. Several risk assessments, including one to reduce the risk of transmission of an infectious disease, contained insufficient control measures. Some of the control measures were inaccurate. For example, the risk assessment stated that all staff had received training in this area. However staff told the inspector that they had not received this training and could not describe what measures they should take to protect themselves from contracting this infection.

Staff were also unsure of the location of a spills kit for the management of bodily fluids and were inconsistent regarding the procedures to be followed in the event of an outbreak of a vomiting bug.

The provider's most recent six monthly audit, completed in January 2023, reflected actions required in the area of IPC. It was not evidenced that these actions were in progress at the time of inspection. For example, the audit had identified that PPE in the shed was required to be reorganised and stored in a more hygienic manner. The inspector saw that this action had not been completed.

There were no local audits for environmental hygiene or infection prevention and control. Cleaning schedules were in place and appeared to be completed. However, the daily cleaning schedule did not accurately describe the cleaning required. For example, it set out that sofas and armchairs should be cleaned in the living room daily. This was not completed as these were not a wipeable fabric. There was no record of the fleece throws, which covered the furniture, being regularly cleaned. Weekly deep cleaning schedules were maintained however, these were not dated and some actions had not been completed.

Overall, the inspector found that the centre was not being operated in a manner in line with the national standards for infection prevention and control in community services. The provider was required to conduct a review of the practices in this centre to ensure that residents were protected from the risk of transmission of infection.

Quality and safety

The inspector found that significant enhancements were required to ensure that residents in this centre were in receipt of a service which was safe and person-centred. There were numerous risks to the quality and safety of care identified on

the inspection. These included insufficient education and information for residents, a poorly kept premises, failure by staff to adhere to standard precautions and poor management of outbreaks of infection.

Residents spoke to the inspector regarding their recent experiences of contracting COVID-19. They described isolating in their bedrooms. However, residents had difficulty describing what steps they could take to avoid contracting COVID-19 or any other transmissible infection in the future. The inspector reviewed the minutes of residents' meetings and saw that IPC was not routinely discussed.

The inspector was informed that residents were supported to clean their rooms once a week by staff. However, the inspector saw that some residents required enhanced support and increased frequency of cleaning to maintain their bedrooms in a manner that reduced the risk of transmission of infection and that supported residents' dignity.

The premises of the house. in general. required upkeep. Walls and doors required painting. Sofas and armchairs in the sitting room could not be adequately cleaned. There was a significant build-up of dust on top of the paper towel dispenser in the bathroom and the wall and radiator in the bathroom were seen to be dirty. A resident's denture cleaning tablets were left exposed on a ledge above the toilet which posed a risk of transmission of infection.

The house was not homely or welcoming in appearance. There were issues with appropriate storage facilities, resulting in storage of files on the landing and overcrowded and unsafe storage of PPE in the shed. A downstairs toilet had been allocated for staff and was locked with a keypad. There was signage throughout the house which contributed to an institutional appearance. For example, a fridge in the kitchen was designated a staff fridge, there was a "staff toilet" sign on the downstairs toilet and signage throughout the upstairs of the house reminding residents to turn the volume of the TV down after 11pm.

The inspector did not see staff or residents engaging in standard precautions during the course of the inspection. Infection prevention and control was not seen to be part of the routine delivery of care to protect residents from contracting preventable healthcare associated infections. There was one known case of a transmissible infection in the designated centre. Additional transmission-based precautions to prevent transmission of this infection were not in place.

Several sharps bins were stored in unsafe locations. For example, one sharps bin was located on a high shelf above staff head height in the office. Another sharps bin was stored under a resident's bed and presented a risk as it could be easily knocked over.

There was no record of flushing of water outlets in the centre and the inspector was informed that flushing did not regularly occur. There was one seldom used external faucet. This meant there were ineffective procedures for ensuring optimum water quality in the centre.

The arrangements to ensure that outbreaks of infection were identified, managed,

controlled and documented in a timely and effective manner required enhancement. Staff were unaware of the pathway to escalate concerns relating to IPC risks to the provider level.

The outbreak management plan was out of date and was not followed by staff during outbreaks of infection. The inspector reviewed daily notes during the most recent outbreak of COVID-19 in the centre and found that these did not detail information or updates regarding the IPC measures in place. It was not evidenced that staff communicated with each other during an outbreak in an effective manner.

Regulation 27: Protection against infection

The inspector was not assured that this centre was being operated in line with the national standards for infection prevention and control in community services. There were several risks identified which presented a risk of transmission of infection. These included:

- the premises was not well maintained. Painting was required to doors, banisters and walls.
- fabric armchairs and sofas could not be effectively cleaned
- the house was not homely in nature. While there appeared to be adequate storage space, with two staff rooms and two sheds available, these were not managed effectively. One shed was seen to be overfilled with PPE and could not be safely accessed. Filing cabinets on the landing housed residents' files and did not contribute to a homely environment.
- the inspector was not assured that residents were supported to clean and maintain their bedrooms frequently enough and in line with their assessed needs.
- wall-mounted hand sanitisers were empty. There was insufficient availability of bottle hand sanitiser at the required locations to minimise the risk of transmission of infection.
- There was no availability of suitable disposable hand towels at kitchen or bathroom sinks
- there were ongoing issues with toilet and drain blockages. The inspector saw that one external drain was blocked on the day of inspection.
- there was no flushing schedule in place with one seldom used external faucet being identified.
- public health guidance regarding the wearing of masks in the centre had not been adhered to in recent months
- staff were inconsistent in their knowledge and understanding of their roles and responsibilities in preventing transmission of infection
- staff were uninformed regarding the provider's IPC policy and recent updates to public health guidance
- actions from the provider's six monthly audit had not been progressed
- several risks were identified in the shared bathroom including shared bathmats, no hand towels, dirty walls and paper towel dispenser. Denture

tablets were also exposed on a ledge above the toilet.

- the oversight of IPC arrangements at a provider level were not clearly defined and staff were uninformed regarding these
- there were insufficient local operating procedures, risk assessments and outbreak management plans to guide staff in the management of IPC risks.
- IPC risk assessments, including those in place to prevent the risk of transmission of a known infection, contained insufficient and inaccurate control measures.
- there were no local audits in place for environmental hygiene or IPC
- cleaning schedules were insufficiently detailed and it was not evidenced that the weekly deep clean was fully completed.
- sharps were stored in an unsafe manner
- it was not evidenced that residents were supported to maintain their bedrooms in a frequent and thorough enough manner to ensure their dignity was upheld
- residents had not received sufficient education and support to ensure that they were informed regarding IPC as it relates to their own care and well-being
- there were several restrictive practices in place that had not been notified to the chief inspector including a locked downstairs toilet and epilepsy mat
- notifications relating to the unexplained absence of residents had not been submitted to the chief inspector in line with the regulations

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Hayden's Park Way OSV-0005602

Inspection ID: MON-0039073

Date of inspection: 12/04/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The following items have been completed on submission of this compliance plan response:

Staff fully informed about oversight arrangements for HIQA inspections. 03/05/2023

Staff hand-washing frequency increased, and this will be an ongoing, consistent improvement to practices, monitored by PIC. Ongoing since 13/04/2023

Wall-mounted hand sanitisers all refilled and now regularly monitored for refills. 21/04/2023

More bottles of hand sanitizer are available at convenient locations throughout. 13/04/2023

Kitchen bins replaced with new pedal bins. 13/04/2023

Shared bathmats removed from upstairs bathroom. 13/04/2023

Upstairs bathroom deep cleaned. Staff deep cleaned bathroom on 16/04/2023 and ongoing since, professional deep clean on 08/05/2023.

Person served's denture disinfectant tablets now kept in receptacle in bathroom. 13/04/2023

'Staff toilet' sign removed, now unlocked and accessible to all. 13/04/2023

Upstairs landing – large filing cabinet removed and replaced with smaller, more homely

chest of drawers for stationery items. 02/05/2023

Upstairs landing – shelving unit removed 02/05/2023

Hand-towel dispensers restocked. 13/04/2023

Garden taps 'flushing' added to weekly tasks (Legionella check). 04/05/2023

PPE shed tidied, shelving installed, and stock more easily accessible for staff. 27/04/2023

All bedrooms deep cleaned and added to daily schedules. Staff team deep cleaned all bedrooms on 16/04/2023 and ongoing since, professional deep clean on 08/05/2023

'Staff' sign taken off fridge and returned to communal use. 13/04/2023

Volume control sign taken off person serveds' bedroom doors regarding TV volume after 11pm. 13/04/2023

Sharps bins stored correctly and safely. Person served informed about safe storage of his sharps bin. Staff may find this has been put back under his bed some mornings. Staff then discuss this with person served when necessary. This is managed on ongoing basis. Ongoing since 13/04/2023

Food in the fridge stored correctly as per FSAI guidelines. Ongoing since 13/04/2023

An IPC staff team meeting was held. Discussed IPC in the service and staff debriefed about HIQA inspection. Learnings and recommendations taken from this and implemented. 21/04/2023

All staff have completed refresher IPC training. This includes PIC and Team Leader. Team Leader will follow up with each team member individually, assessing IPC competency on an ongoing basis. This will be documented and signed by staff. Ongoing since 21/04/2023

Staff completed deep clean of the service and now done on frequent basis. Management will ensure cleaning in service is maintained to high standard going forward. External contractors carried out house deep clean also. Staff deep cleaning since 16/04/2023. Professional deep clean on 08/05/2023

An in-depth follow-up Regulation 23 was completed by the Quality Dept, and a comprehensive, time-bound action plan created. 19/04/2023

Positive Behaviour Support plan meeting was held and person served's risk assessment for absconding reviewed with clinical input in this forum. 28/04/2023

All staff informed of proper use of blood spillage kit and location of same. 04/05/2023

All staff informed of proper use of Alginate Bags and location of same. 04/05/2023

COVID-19 Preparedness Plan reviewed and updated. Staff to read and sign that they understand same. This is stored in a location where staff can access it at any time. 27/04/2023

Persons served being supported to better understand infection prevention and control. This will be a discussion at all residents' meetings and accessible format of precautions provided. Ongoing since 13/04/2023

IPC officer confirmed within ABII Lucan team. 05/05/2023

IPC reporting structure confirmed within ABII Lucan team. 05/05/2023

IPC policy and protocols to be discussed in regular team meetings and residents' meetings to increase awareness and knowledge around same. Ongoing since 21/04/2023.

The following items are in Progress:

Restrictive Practice policy reviewed and followed in full to ensure that any restrictive practice is comprehensively assessed and reviewed in line with national standards. Mattress sensor for epilepsy fully consented to by person served. Document to be compiled and signed re same and kept on person served's file. 12/05/2023

A comprehensive risk assessment and individual IPC healthcare plan will be implemented to manage a person served's healthcare-acquired infection. All staff will read, understand and sign said plan and will know how to support the resident in a manner that protects both the resident and staff. Awaiting hospital appointment to test for same. IPC healthcare plan will be compiled immediately after results, if shown to be positive. 31/05/2023

New sofas being purchased and delivered to house. 31/05/2023

Painters being contacted for quotes on full internal paintjob for the house. This work will include all interior walls, doors, and stair bannisters. 31/10/2023

New blinds being installed in person served's bedroom. 19/05/2023

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/10/2023